



Charitable Gaming Division
c/o Accounting
Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
101 E. Hillsdale, Lansing, MI 48933
(517) 335-5780
www.michigan.gov/cg

SPECIAL BINGO LICENSE APPLICATION

For Bureau Use Only

ALLOW 4 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION

1. Organization Name			2. Organization ID Number or Last License Number Issued
3. Organization Address			
City	State	ZIP Code	County
4. Has your organization ever received a license such as bingo, millionaire party, raffle, charity game ticket, or numeral game? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - Please follow the instructions on the qualification guideline. If a guideline was not included or you do not understand it, contact our office at (517) 335-1159 to inquire as to what documentation must be submitted to qualify for licensing.			
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE(S)

7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Principal Officer		Day ()
Title		Evening ()
Signature of Principal Officer		Date
- OR -		
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Vice President or Equivalent		Day ()
Title		Evening ()
Signature of Vice President or Equivalent		Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Other Officer		Day ()
Title		Evening ()
Signature of Other Officer		Date
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.		

PLEASE COMPLETE THE BACK PAGE OF THIS APPLICATION
PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



COMPLETION: Required for licensure.
PENALTY: No license will be issued.

8. Contact Person			9. Special Bingo Location (building name, if any)	
Street Address Where License Should Be Mailed			Street Address	
City	State	ZIP Code	City	
Telephone Number (Day) ()	Telephone Number (Evening) ()		ZIP Code	County
10. Location is: (check one) <input type="checkbox"/> Your Own <input type="checkbox"/> Donated (no charge) <input type="checkbox"/> Rented (submit rental agreement)			11. Gambling equipment is: (check one) <input type="checkbox"/> Your Own <input type="checkbox"/> Rented - Supplier ID _____ Supplier Name _____	
12. List name, home address, and telephone numbers of the person(s) in charge of special bingo. Must be member for 6 months. If more than 2 chairpersons, attach additional list.				
Special Bingo Chairperson		Street, City, State, ZIP Code		Telephone Numbers
Name			Day ()	
			Evening ()	
Name			Day ()	
			Evening ()	
13. Event Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.):			14. License Fee:	
Date _____ Time (a.m./p.m.) _____ to _____			<div style="border: 1px solid black; padding: 10px; text-align: center;">\$25</div> <p>Up to 7 consecutive days</p> <p>Make checks payable to: STATE OF MICHIGAN</p>	
Date _____ Time (a.m./p.m.) _____ to _____				
Date _____ Time (a.m./p.m.) _____ to _____				
Date _____ Time (a.m./p.m.) _____ to _____				
Date _____ Time (a.m./p.m.) _____ to _____				
Date _____ Time (a.m./p.m.) _____ to _____				

Make checks payable to: STATE OF MICHIGAN

Submit completed application, supporting documents, and license fee to:
Charitable Gaming Division, c/o Accounting, Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933